

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		5				
3		2				
4		2				
5		2				
6		3				
7		3				
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48		3				
49		3				
50		3				
TOTAL IND.						
TOTAL DEP.		19				
TOTAL CLAIMS		50				

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				